

Branching Minds Referral Guidance

Branching Minds Barnsley request for support form

Branching Minds Barnsley brings together mental health support teams (MDST) and child and adolescent mental health services (CAMHS) under one roof, helping local children, young people and their families get the right support at the right time.

Branching Minds Barnsley takes requests for support directly from professionals, parents, carers and young people. A child or young person must be registered with a GP practice in Barnsley to request support from the service.

The MDST can help with a wide range of mild and moderate mental health and emotional wellbeing issues, whilst CAMHS can provide further specialist support.

To request support, please complete this form and return it to the Branching Minds Barnsley team via email on BarnsleyCYP@RequestSupport@nhs.uk

You can also call the team on 01228 107377, Monday – Thursday, 9am to 5pm and Friday, 9am to 4pm (excluding bank holidays). To discuss a request for support, your request for support will be reviewed in partnership by the Branching Minds Barnsley team to help make sure you receive the most appropriate support.

About the child or young person who is requesting support

Name	
Also known as	
Date of birth	
Gender	
Preferred pronoun	
Home address	
Contact numbers	
Religion	
Does the child or young person have any communication needs or accessibility requirements? (e.g. sign language, easy read, wheelchair access)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is an interpreter required if the child or young person's first language isn't English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child or young person consent to this request for support?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Information about the parent or carer of the child or young person

Relationship to child or young person	
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Information about the parent or carer of the child or young person

Relationship to child or young person	
Does the parent or carer consent to this request for support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred method of contact: Post <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/>	
Does the parent or carer have any communication needs or accessibility requirements? (e.g. sign language, easy read, wheelchair access)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Information about the child or young person's GP practice

GP name	
GP surgery name and address	
Contact numbers	

Height and weight information - for eating disorder support requests only

If requesting support around eating disorders and problems, a child or young person must have height and weight measurements recorded by a healthcare professional within the last seven days. Please provide height and weight recordings and date(s) taken along with the contact details of the healthcare professional which recorded these – this could be a GP, school nurse or hospital practitioner. Please also provide any previous height and weight recordings if known.

Height: _____
Weight: _____
Date taken: _____

Information about the person making this request for support

Name	
Relationship to child or young person	
Address	
Organisation (if applicable)	

Page 1 & 2- Please complete all boxes with current information. Consent must be gained before Request for Support (RfS) is made. Height and weight is only required for RfS requesting support for eating disorders. For these requests the measurements must be done by a healthcare worker in the previous 7 days.

Page 3- Please complete all boxes with current information. Please complete all tick boxes, where answering yes, please provide additional information in the free text box below.

Main Problem: please provide information relating the identified mental health need including;

- presentation of need
- triggers
- impact (e.g. coronavirus pandemic)
- duration of symptoms

Some relevant background to mental health need and major life events is useful, however this should be concise.

Address:

Your contact phone number: _____
Your email address (if applicable): _____
When did you last see the child or young person? (if applicable): _____

School or college information (if applicable)

Name of the school or college that child or young person attends: _____
Year group: _____
Name of key contact/member of staff at school or college: _____
Telephone number of the school or college: _____

Does the child or young person have any additional needs?

Early help assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Open to team around the family or child in need	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Subject to a child protection plan (CPP)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Elected home educated (EHE)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Looked after child or care leaver	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Young carer	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Excluded from school or college at risk of exclusion	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Substance misuse e.g. alcohol or drugs	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Not in education, employment or training (NEET)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Special educational need or disability (SEND)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Physical health needs (including allergies)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Any existing diagnosis (e.g. ASD, ADHD, PTSD, OCD, anxiety, depression)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
Education Health and Care Plan (EHCP)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>

Please provide more details: _____

What are the main problems that the child or young person would like help with? And how is this affecting their life?

Please provide more information here and tick any of the below which are relevant.

Low mood, sadness, low motivation ☐

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Goals: These should be about what the CYP, Parent and professional are hoping to achieve as a result of the RfS. Be direct and clear. Ensure that the young persons voice is evident.

Agencies and Support: please include current and previous services and treatments. Names and contact details should be included for any current support as well the current support offer from that service.

Risk: avoid using medical terms (such as suicidal ideation, deliberate self harm, superficial harm) unless you have been trained in this. If identified please provide details of

- What they did, what they said, anything they used, any plans in place to manage.

Please ensure appropriate consent box is ticked - only one should be applicable - so please only tick the correct one.

Mild to moderate anxiety, worries, fears and concerns ☐

Common challenging behaviours, angry outbursts, pushing boundaries ☐

Difficulty managing emotions ☐

Family, friends and overall relationship difficulties ☐

Difficulty adjusting to change and/or transition ☐

What are the children or young person's goals?

What is the parent or carer's goal? _____
What is the professional's or referee's goal? (if making this referral) _____
E.g. I want the reason for the referral, how are they feeling or behaving at home or school?
What is worrying you or the child or young person? How can Branching Minds Barnsley provide help and support? What benefits do you want to see from making this request for support?

What other agencies or services are supporting the child, young person or their family?

E.g. police, care, family support worker, pastoral school support

Are there any current or previous risks to the child or young person?

E.g. please include risks of harm to self or others, any safeguarding concerns
*For professionals, please attach any current or previous risk assessment, if applicable

Has the child or young person had any past or current significant medical conditions?

E.g. any allergies, long-term conditions or hospital treatment or stays